BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: 5-FLUORO-, CHLORO- AND CYANO-PYRIDIN-2-YL-TETRAZOLES AS LIGANDS OF THE METABOTROPIC Insort Title GLUTAMATE RECEPTOR-5 the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Fill in Appropriate The specification was filed on 06/9/2006 as United States Application Number and amended on (if applicable) and/or For Use Without the specification was filed on ___ 12/13/2004 as PCT International Application Number PCT/US2004/041401; Specification was amended on (if applicable)

1 hereby state that I have reviewed and understand the contents of the above-identified specification, including the Attached: and was amended on ms, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56 I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of or Affection from that one year prior to this application, that the invention has not been patented or made the subject of on an application for the first prior to the supplication in any country foreign to the United States of America on an application field by me or my logal representation per patent or in such contributions for the prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate insted below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) Priority Claimed Insert Priority Information (Number) (Month/Day/Year Filed) (Country) (if appropriate) (Number) (Month/Day/Year Filed) (Country) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) Yes I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. Insert Provisional 60/530,633 December 19, 2003 Application(s): (Application Number) (Filing Date) (if any) (Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Insert Requested Country Application Number Date of Filing (Month/Day/Year) Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. Application(s): (Application Number) (Filing Date) (Status - patented, pending, abandoned) (if any) (Application Number) (Filing Date) (Status - patented, pending, abandoned)

Page 1 of 3

(Rev: 05/2004) Birch, Stewart, Kolasch & Birch, LLP I hereby appoint the practitioners at CUSTOMER NO. 54880 as my attorneys or agents to prosecute this application and/or an international application absed on this application and to transact all business in the United States Patent and Irademark. Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

1 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Fell Name of First or Sole Inventor: insert Name of Inventor → insert Date This	GIVEN NAME/FAMILY NAME David WENSBO	INVENTOR'S SIGNATURE	DATE*		
Document is Signed	Residence (City, State & Country)		CITIZENSHIP		
insert Residence insert Chipenship ->	Södertälje, Sweden		Sweden		
neert Port Office Address →	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R & D Headquarters; Global I SWEDEN	ödertälje; SE-151 85 Södertälje;			
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
ull Name of Second Inventor, if any: see above	Louise EDWARDS	Le du al	June 28/06		
	Residence (City, State & Country) Toronto, Canada		CTTIZENSHIP Canada		
	MAILING ADDRESS (Complete Street Address 101 College Street, South Tower, Suite 800, Toron				
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Methvin ISAAC	Mase	July 5/06		
	Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 101 College Street, South Tower, Suite 800, Toronto, Ontario, M5G 1L8				
full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald A. MCLEOD	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country) Salt Lake City, Utah		CITIZENSHIP US		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 383 Colorow Drive, Salt Lake City, Utah 84108, USA				
Full Name of Fifth Inventor, if any- see above	GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	July of prob		
	Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 101 College Street, South Tower, Suite 800, Toronto, Ontario, M5G 11.8L8				
full Name of Sixth Inventor, if any; see above	GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE	July 5, José		
	Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 101 College Street, South Tower, Suite 800, Toronto, Ontario, MSG 1L8				

Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Thomas M. STORMANN				
	Residence (City, State & Country)		CITIZENSHIP		
	Salt Lake City, Utah			US	
	MAILING ADDRESS (Complete Street Address including City, State & Country) 383 Colorow Drive, Salt Lake City, Utah 84108, USA				
Full Name of Eight Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Thirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address including City, State & Country)				

Attorney Docket No. 5999-0523PUS2

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

Insert Title:	below) or an original, first a claimed and for which a pate 5-FLUORO-, CHLORO- AN GLUTAMATE RECEPTOR-5	nd joint inventor (if plural inventor ent is sought on the invention entitle ID CYANO-PYRIDIN-2-YL-TETRA! 5 5 attached hereto. If not attached he	at and sole inventor (if only one inventor is named a are named below) of the subject matter which is ed: ZOLES AS LIGANDS OF THE METABOTROPIC creto, the application is identified by the attorney		
Fill in Appropriate Information –	The specification was filed o		ates Application Number;		
	and amended on (if applicable) and/or				
For Use Without Specification	the specification was filed on	12/13/2004 as PCT Internat	tional Application Number PCT/US2004/041401;		
Attached	and was amended on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of the content of t				
Insert Priority	Prior Foreign Application	1(5)	Priority Claimed		
Information (if appropriate)	(Number)	(Country)	(Month/Day/Year Filed) Yes No		
	(Number)	(Country)	(Month/Day/Year Filed) Yes No		
	(Number)	(Country)	(Month/Day/Year Filed) Yes No		
	(Number)	(Country)	(Month/Day/Year Filed) Yes No		
	listed below.		9(e) of any United States provisional applications(s)		
Insert Provisional Application(s):	007 550,050		December 19, 2003		
(if any)	(Application Number)	(Filin	g Date)		
	(Application Number)		g Date)		
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:				
Insert Requested Information (if appropriate)	Country	Application Num	Date of Filing (Month/Day/Year)		
Insert Prior U.S	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in their port builted States and/or PCT application in the manned provided by the first paragraph of Title 35, United States Code, §112, Jacknowledge the duty to disclose information which is material to the patentiability as defined in Title 47, Code or federal Regulations, §156 which became available between the filling date of the prior application and the national or PCT international filling date of this application.				
Application(s)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)		
	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)		
(Rev (15/2004)		Page 1 of 3			

I hereby appoint the practitioners at CUSTOMER NO. 54880 as my attorneys or agents to prosecute this application and/or an international application absed on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

DEFACE MONEY

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

THE	I hereby declare that all statements made her on information and belief are believed to be true; that willful false statements and the like so made 1001 of Title 18 of the United States Code and tha application or any patent issued thereon.	and further that these statements e are punishable by fine or impris	were made v	with the knowledge both, under Section	
Full Name of First or Sole Inventor Insert Name of Inventor	GIVEN NAME/FAMILY NAME David WENSBO	INVENTOR'S SIGNATURE		DATE*	
Document is Signed	Residence (City, State & Country)		CITIZENS		
nsert Citizenship ->	Södertälje, Sweden MAILING ADDRESS (Complete Street Address	· · · · · · · · · · · · · · · · · · ·	<u></u>	Sweden	
Insert Post Office Address →	c/o AstraZeneca R & D Headquarters; Global I SWEDEN	Intellectual Property, SE-151 85 S	ödertälje; SF	:-151 85 Södertälje;	
Full Name of Second Inventor, If any: see above	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Toronto, Canada		CITIZENS	HIP Canada	
	MAILING ADDRESS (Complete Street Address c/o NPS Allelix Corp., 101 College Street, South	including City, State & Country) n Tower, Suite 800, Toronto, Ontai	rio, M5G 1Lf	3	
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Toronto, Canada		CITIZENS	HIP Canada	
	c/o NPS Allelix Corp., 101 College Street, South	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College Street, South Tower, Suite 800, Toronto, Ontario, M5G 1L8			
Full Name of Fourth Inventor, if any. see above	GIVEN NAME/FAMILY NAME Donald A. MCLEOD	INVENTOR'S SIGNATURE		7.0.20C	
	Residence (City, State & Country) Salt Lake City, Utah		CITIZENS	HIP US	
	c/o NPS Pharmaceuticals Inc., 383 Colorow Driv	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals Inc., 383 Colorow Drive, Salt Lake City, Utah 84108, USA			
Full Name of Fifth Inventor, if any see above	GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Toronto, Canada		CITIZENS	HIP Canada	
	MAILING ADDRESS (Complete Street Address c/o NPS Allelix Corp., 101 College Street, South	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College Street, South Tower, Suite 800, Toronto, Ontario, MSG 1L8			
uil Name of Soath Inventor, if any see above	GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Toronto, Canada		CITIZENS	HIP Canada	
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College Street, South Tower, Suite 800, Toronto, Ontario, M5G 1L8				

Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any see above	Thomas M. STORMANN	INVENTOR'S SIGNATURE	man	7-10-200
	Residence (City, State & Country)	·	CITIZENS	
\	Salt Lake City, Utah			US
	MAILING ADDRESS (Complete Street Address	s including City, State & Country)	L	
	c/o NPS Pharmaceuticals Inc., 383 Colorow Dri	ve, Salt Lake City, Utah 84108, US	A	
Full Name of Eight Inventor, if any	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above				
	Residence (City, State & Country)		CITIZENSI	IIP
	MAILING ADDRESS (Complete Street Address	1. 1. dia- City State & Country)	Ĺ	
	MAILING ADDRESS (Complete street Address	, including City, State & Country)		
	GIVEN NAME/FAMILY NAME	T		
hull Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENSI	JID OIL
	The state of the s		CITIZEINSI	111
	MAILING ADDRESS (Complete Street Address	including City, State & Country)		
	·			
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any: see above				
	Residence (City, State & Country)		CITIZENS	-IIP
	MAILING ADDRESS (Complete Street Address	including City, State & Country)		
,				
Full Name of Eleventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above	Residence (City, State & Country)		CITIZENSI	JID OIL
	Thousand (Conf), bank a Country,		CHIZENS	IIP
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	L	
	·	,, - ,.		
Full Name of Twelfth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any nee above				
	Residence (City, State & Country)		CITIZENSI	IIP
	MAILING ADDRESS (Complete Street Address	including City, State & Country)		
Full Name of Thirteenth Inventor, if any	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
eee above	Paris and City Served Country			
	Residence (City, State & Country)		CITIZENSI	IIP
	MAILING ADDRESS (Complete Street Address	indutin City City A.C.		
	WAILING ADDRESS (Complete Street Address	including City, State & Country)		

Attorney Docket No. 5999-0523PUS2

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

(Rev. 05/2004)

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: 5-FLUORO-, CHLORO- AND CYANO-PYRIDIN-2-YL-TETRAZOLES AS LIGANDS OF THE METABOTROPIC

Insert Title:	5-FLUORO-, CHLORO- AND CYANO-PYRIDIN-2-YL-TETRAZOLES AS LIGANDS OF THE METABOTROPIC GLUTAMATE RECEPTOR-5 the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney				
	docket number as set forth a	bove and/or the following	3	•	
Fill in Appropriate Information -	the specification was filed o			ation Number	;
For Use Without	and amended on	(if applicable			
Specification		12/13/2004 as PC	T International Applic	ation Number PCT	/US2004/041401;
specification Attached:	and was amended on I hereby state that I hav- claims, as amended by any ar I acknowledge the duty Federal Regulations, §1.56. I do not know and do n our invention thereof, or pat thereof or more than one yea of America more than one yea on an application filed by me country foreign to the United except as follows. I hereby claim foreign to	hat I have reviewed and understand the contents of the above-identified specification, including the by any amendment referred to above. The duty to disclose in the duty to disclose information which is material to patentability as defined in Title 37. Code of			
	for patent or inventor's certificate having a	icate listed below and hav	e also identified below	v any forgian annlic	ation for patent or
Insert Priority	Prior Foreign Application	(s)	<i>ирриканоп оп which p</i>		riority Claimed
Information (if appropriate)	(Number)	(Country)	(Month/I	Day/Year Filed)	Yes No
	(Number)	(Country)	(Month/I	Day/Year Filed)	Yes No
	(Number)	(Country)	(Month/I	Day/Year Filed)	Yes No
	(Number)	(Country)	(Month/I	Day/Year Filed)	Yes No
	I hereby claim the benefit un- listed below.		Code, §119(e) of any L	United States provision	nal applications(s)
Insert Provisional Application(s):	60/530,633			December 19, 2003	
(if any)	(Application Number)		(Filing Date)		
	(Application Number)		(Filing Date)		
	All Foreign Applications, if a Designs) Prior to the Filing Date	my, for any Patent or Inve te of This Application:	entor's Certificate Filed	More than 12 Mor	ths (6 Months for
Insert Requested Information (if appropriate)	Country	Applicat	ion Number	Date of Filing (Mo	mth/Day/Year)
	I hereby claim the benefit un including for continuation-in- this application is not disclose paragraph of Title 35, United 8 patentability as defined in Title of the prior application and the	part application(s) listed bet d in the prior United States States Code, §112, I acknow 37, Code of Federal Regula	ow and, insofar as the and/or PCT applicati ledge the duty to discletions, §1.56 which because	subject matter of ea ion in the manner pr ose information whic ame available betwe	ch of the claims of ovided by the first
Application(s): (if any)	(Application Number)	(Filing Date)	(Sta	tus - patented, pend	ling, abandoned)
	(Application Number)	(Filing Date)	(Sta	tus – patented, pend	ling, abandoned)

Page 1 of 3

Il hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:	I hereby declare that all statements made he on information and belief are believed to be true that willful false statements and the like so mad 1001 of Title 18 of the United States Code and that application or any patent issued thereon.	; and further that these statements	were made with the knowledg		
Futi Name of First or Sole Inventor Insert Name of Inventor → Insert Date This Document is Signed	GIVEN NAME/FAMILY NAME David WENSBO	INVENTOR'S SIGNATURE	o June 19th 2000		
Insert Residence	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden		
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) (/o AstraZeneca R & D Headquarters; Global Intellectual Property, SE-151 85 Södertälje; SE-151 85 Södertä				
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country) Mississauga, Canada		CITIZENSHIP Canada		
	MAILING ADDRESS (Complete Street Address 871 Chippenham Drive; Mississauga, Ontario L	including City, State & Country) 5H 3S6; CANADA			
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada		
	MAILING ADDRESS (Complete Street Address 2101 Islington Ave., Apt. 2105; Toronto, Ontario	including City, State & Country) M9P 3R2; CANADA			
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald A. MCLEOD	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country) Salt Lake City, Utah		CITIZENSHIP US		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 7740 South Newport Way, Sallt Lake City, Utah 84121				
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country) Mississauga, Canada		CITIZENSHIP Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 4780 Fulwell Road; Mississauga, Ontario L5M 7/7; CANADA				
uil Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country) Woodbridge, Canada		CITIZENSHIP Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 10 Comoq Ave.; Woodbridge, Ontario L4H 2B1; CANADA				

^{*}DATE OF SIGNATURE

Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Thomas M. STORMANN				
	Residence (City, State & Country)		CITIZENS	HIP	
	Salt Lake City, Utah			US	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	1327 East Harrison; Salt Lake City, Utah 84105				
Full Name of Eight Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above					
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Full Name of Ninth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above					
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address :	including City, State & Country)			
Full Name of Tenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above					
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address i	including City, State & Country)			
Full Name of Eleventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above					
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address i	including City, State & Country)			
Full Name of Twelfth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above					
	Residence (City, State & Country)		CITIZENS	-IIP	
	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)			
full Name of Thirteenth Inventor, if any	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above					
	Residence (City, State & Country)		CITIZENSI	HIP	
	VIII VIII VIII VIII VIII VIII VIII VII				
	MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country)			
1					